

APPLICATION FOR ADA PARATRANSIT SERVICES

WHO MAY BE ELIGIBLE FOR DIAL-A-RIDE SERVICES?

Dial-A-Ride provides paratransit transportation in Fort Collins to people who are eligible under the Americans with Disabilities Act (ADA). The ADA requires that transit agencies which have fixed-route bus service to provide complementary paratransit service to individuals whose disability in combination with functional abilities prevents them from being able to use a fixed-route bus.

People who wish to qualify for the City of Fort Collins paratransit program must complete and return this application form to Transfort / Dial-A-Ride. This includes completing and signing the attached "Authorization to Release Medical Information" form, and returning it with your application.

REQUIREMENTS FOR DIAL-A-RIDE ELIGIBILITY:

The ADA includes two requirements for Dial-A-Ride eligibility:

1. You must have a disability; and,
2. Your disability must prevent you from using the Transfort fixed route bus service.

Dial-A-Ride eligibility is not based on:

- Age
- A disability or medical diagnosis
- A lack of Transfort fixed route bus service in an area
- An inability to drive
- Personal finances

To view the categories of eligibility under the ADA regulations, please review the Dial-A-Ride Users Guide [available here](#).

HOW IS ELIGIBILITY DETERMINED?

When your completed application and signed Authorization to Release Medical Information form are received, Dial-A-Ride will send a Health Care Provider/Professional (HCP) Verification form to the HCP that you identified on your application to verify your disability or illness. It is important that you list the HCP who will be most familiar with your disability or illness.

Once the completed HCP form has been received by Dial-A-Ride, eligibility staff will begin to process your completed application. Applications are not complete until the HCP form has been completed and received by Dial-A-Ride. Incomplete applications may cause an interruption in the eligibility process. Eligibility for services is determined by information you provide and information we obtain from your HCP.

Dial-A-Ride will process your completed application within 21 calendar days of receipt of the completed HCP form. If a decision is not made within this time, presumptive eligibility will be granted on the 22nd day, and service will be provided until a decision can be made.

You will be notified of the eligibility determination by letter, mailed to the mailing address you provided in your application. If you are determined eligible, you will receive a Dial-A-Ride User Guide with information about how to use the service.

INSTRUCTIONS FOR COMPLETING THE APPLICATION:

1. Answer all questions completely and to the best of your ability.
2. Be sure to sign the application. Incomplete and/or unsigned applications may be returned to you.
3. Complete and sign the Authorization to Release Medical Information Form. Incomplete or unsigned forms may be returned to you.
4. Transfort staff may reach out to request additional information to complete the eligibility determination.

Mail or fax completed applications to the address listed below:

Transfort/Dial-A-Ride

6570 Portner Road
Fort Collins, Colorado 80525

Phone: (970) 224-6002
Fax: (970) 207-7969
Monday - Friday 8 a.m. to 5 p.m.

Please contact Dial-A-Ride at (970) 224-6002 if you need this application in an alternative format, require assistance to fill out the application, or if you have any other questions about the eligibility process, including eligibility information or renewals, application status, or visitor status requests.

There are no fees associated with the application process. Fees incurred in relation to the application process such as transportation and mailing may be reimbursed by sending a written request with a receipt or invoice to the address above. Fees will be verified and reimbursed within 14 days of receipt of the request.



SECTION 1: BASIC INFORMATION

Is this a new application or recertification? New Recertification

1. Applicant Information

Last Name	First Name	M.I.
Date of Birth (mm/dd/yyyy)	Gender	Email Address:
Home Phone (xxx)xxx-xxxx	Work Phone (xxx)xxx-xxxx	Cell Phone (xxx)xxx-xxxx
Address		Apt/Unit No.
City	State	Zip Code

2. Emergency Contact Information

Last Name	First Name	M.I.
Relationship to Applicant		
Home Phone (xxx)xxx-xxxx	Work Phone (xxx)xxx-xxxx	Cell Phone (xxx)xxx-xxxx
Address		Apt/Unit No.
City	State	Zip Code

3. Who may act on your behalf with Dial-A-Ride (for example, schedule or cancel trips)?

4. Are you currently a Colorado State University student, faculty, or staff? YES NO

SECTION 2: FIXED ROUTE BUS

Please answer the following questions considering the days when your condition is most limiting. These questions are intended to understand your ability to use the Transfort bus system.

1. Dial-A-Ride is for individuals with a disability that prevents them from using the Transfort bus system.

Do you have a health condition or disability that may prevent you from independently using Transfort bus service? If so, please briefly explain.

2. Does your condition/disability impact your ability to use the Transfort bus system:

Always Sometimes Temporarily N/A

For any selection besides always, please explain:

If you selected "temporarily" what is your Anticipated Recovery Date (mm/dd/yyyy)

3. What is the furthest distance to a bus stop or transit center you could reasonably travel to without the assistance from another person?

Less than 1 Block 4 Blocks 8 Blocks or more

Please estimate how many minutes this would take:

4. Please explain any other barriers or circumstances that prevent you from accessing bus stops or using the Transfort bus system. Examples may include lack of accessible sidewalks, lighting, weather conditions, busy intersections, unfamiliar locations, etc.

SECTION 2: CONTINUED

5. Do you currently use Transfort bus service?

YES

NO

If YES, what routes do you typically use? _____

How often do you use fixed-route service? _____

6. Would you be interested in learning about travel training to use Transfort buses?

YES

NO

7. To understand your ability to use the Transfort bus system, please check “YES” or “NO” to the following questions:

Are you able to use a bus route schedule to determine the correct bus and locate bus stops?

YES

NO

Are you able to identify the correct bus to take when there are multiple buses servicing a stop or transit center?

YES

NO

Are you able to independently board/de-board a bus that is wheelchair accessible?

YES

NO

Are you able to wait at an ADA-accessible bus stop WITHOUT a bench?

YES

NO

Are you able to wait at an ADA-accessible bus stop WITH a bench?

YES

NO

Are you able to wait at a non ADA-accessible bus stop WITHOUT a bench?

YES

NO

Are you able to wait at a non ADA accessible bus stop WITH a bench?

YES

NO

8. If you currently use the Transfort bus do you:

Use the bus to travel only to places that you are familiar with or have been trained to go?

Use the bus to travel independently throughout the City?



SECTION 3: IMPAIRMENT SPECIFIC QUESTIONS

If this section is not applicable, please skip to Section 4.

Are you able to cross streets independently?	YES	NO
Are you able to communicate needs?	YES	NO
Are you able to recognize printed information?	YES	NO
Are you able to process spoken words and auditory information?	YES	NO
Are you able to recognize destinations, bus stops, and/or landmarks?	YES	NO
Are you able to deal with unexpected situations or changes in routine (for example, bus detours or missing your bus)?	YES	NO
Are you able to recognize changes in your mental/emotional state?	YES	NO

Do you have a visual impairment, if yes, please describe:	YES	NO
Are you legally blind?	YES	NO
<p>Is your visual impairment: Degenerative Stable Otherwise Changing</p> <p>If you answered "Otherwise Changing," please describe:</p>		



SECTION 4: ADDITIONAL INFORMATION

The following are general questions to help Dial-A-Ride better serve its customers. Please answer all applicable questions to the best of your ability.

1. Which of the following mobility aids do you use when using transportation? (Please check all that apply)

- | | | |
|-------------------|------------------|--------------------|
| Cane | White Cane | Prosthesis |
| Crutches | Walker | Power Scooter/Cart |
| Manual Wheelchair | Power Wheelchair | Service Animal |
| Boarding Chair | Transfer Board | |
| Communication Aid | Portable Oxygen | |

Other (please explain): _____

2. Do you require a lift-equipped vehicle, or are you able to travel in a sedan-style vehicle? Please note, this is only for scheduling purposes as Dial-A-Ride utilizes different types of vehicles.

Sedan (please explain): _____

Lift Equipped (please explain): _____

3. If you use a wheelchair or scooter please answer the following:

- | | | |
|---|-----|----|
| Is it more than 30 inches wide? | YES | NO |
| Is it more than 48 inches wide? | YES | NO |
| Is the combined weight of the device and occupant more than 600 pounds? | YES | NO |

NOTE: Certification of the combined weight may be required and is the responsibility of the applicant.

4. When using paratransit service, would you need to travel with a Personal Care Attendant (PCA)?

A PCA is a person traveling as an aide who is designated or employed by a person with disabilities to help meet personal needs and/or facilitate travel.

	YES	NO
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If there is an additional party you would like your Eligibility Determination letter sent to, please fill out the following information:

Last Name		First Name	
Relationship to Applicant			
Address		Apt/Unit No.	
City	State	Zip Code	

SECTION 5: CERTIFICATION & SIGNATURE

The information provided on this form is private data and is used to determine ADA paratransit eligibility. The ability to determine your eligibility is based on receiving all of the information requested on this form. All medical or location information pertaining to application for, or users of, ADA paratransit service is private, except the name of the applicant or user. Any other information cannot be released to anyone else, unless the applicant or user authorizes the release in writing.

I certify that all the information on this application form is accurate. I understand that misinformation or misrepresentation of facts will be cause for disqualification or rejection of my ADA eligibility. I also understand that a professional who understands my health condition or disability may be contacted to clarify or obtain additional information required to determine my eligibility or service needs. Information will be requested from a professional only when the information provided on the application form does not clearly determine ADA paratransit eligibility.

Applicant's Signature		Date (mm/dd/yyyy)
If someone other than the applicant is preparing this form, please provide the following information about the preparer:		
Last Name	First Name	
Relationship to Applicant	Day Phone (xxx)xxx-xxxx	
Preparer's Signature	Date (mm/dd/yyyy)	

The City of Fort Collins will make reasonable accommodations for access to City services, programs, and activities and will make special communication arrangements for persons with disabilities. This includes language access to all individuals who have a limited ability to speak, read, write, or understand English by providing interpreters free of charge and translation of vital documents for persons who utilize the City's services. Please call 970-221-6620 (V/TDD: Dial 711 for Relay Colorado) for assistance.



SECTION 6: AUTHORIZATION TO RELEASE MEDICAL INFORMATION

In order to allow Transfort/Dial-A-Ride to evaluate your request for transportation under the Americans with Disabilities Act of 1990, it is necessary to contact a health care provider or other professional that is familiar with your disability. Please note that in some cases, your primary care physician may not be the optimal source for verification of your disability or health condition. If there is a specialist or other professional who is more familiar with your particular disability or health condition (for example, Psychiatrist, Social Worker, Educator, Orientation and Mobility Specialist, Neurologist, Physical Therapist, Independent Living Specialist etc.) and has your recent medical history, please provide that provider's contact information instead of your primary care physician. Please provide the name, address and telephone number of your health care provider or other professional. If there is more than one provider that you would like for us to contact, please list all applicable names/addresses below:

Professional 1:	
Name	Practice/Group Name (if applicable)
Phone (xxx)xxx-xxxx	Fax (xxx)xxx-xxxx
Street Address / City / State / Zip	
Professional 2 (if applicable):	
Name	Practice/Group Name (if applicable)
Phone (xxx)xxx-xxxx	Fax (xxx)xxx-xxxx
Street Address / City / State / Zip	

I authorize the above-named professional(s) to release information to the City of Fort Collins Dial-A-Ride program. I understand that this information will be used exclusively to determine my eligibility for ADA paratransit services. I understand that this authorization will be valid until an eligibility determination has been made. I understand that I may revoke this authorization in writing at any time to the Transfort/Dial-A-Ride office.		
Applicant's Name (First and Last)		Date of Birth (mm/dd/yyyy)
Address		Apt/Unit No.
City	State	Zip Code
Applicant's Signature		Date (mm/dd/yyyy)